

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SMP		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Ralston Lapp Media			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">06</table> / <table border="1" style="display:inline-table; margin:0 5px;">14</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 1054 31st St NW Ste 430			Amount <table border="1" style="display:inline-table; margin:0 5px;">16139.61</table>		
City Washington	State DC	Zip Code 20007-6042	Transaction ID : 500022155		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Rosendale, Matt, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">694458.61</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">06</table> / <table border="1" style="display:inline-table; margin:0 5px;">14</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 3050 K St NW Ste 100			Amount <table border="1" style="display:inline-table; margin:0 5px;">678319.00</table>		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : 500022156		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Rosendale, Matt, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">694458.61</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">694458.61</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SMP	FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination 06 / 14 / 2018
Mailing Address 3050 K St NW Ste 100		Amount 10688.72
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Media Production Costs - Estimate	Category/Type 	Transaction ID : 500022157 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Scott, Rick, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 2304862.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10688.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	705147.33

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,**[Electronically Filed]*

Date

06 / 16 / 2018

Signature